Staff use: Date	
Time	

ZONING CONSULTATION REQUEST FORM

Flathead County Planning and Zoning 40 11th Street West, Ste 220 Kalispell, MT 59901 Tel 406-751-8200 Fax 406-751-8210

Please complete the following questions and attach required supporting documents. Upon receipt, a planner will contact you to schedule a preapplication conference.

1.]	PROPERTY OWNER:			PHONE	
2.	TECHNICAL ASSISTANCE:		PHONE		
3.]	PROPERTY INFORMATION	: Tract	Section	Гownship	Range
Subd	Subdivision/ Lot, if any		Assessor's Number		
Physical Address		Acres			
Zoni	ng District	Neighborhood Plan_	Exis	ting Zoning	
Exist	ing Use and Structures on Prope	erty			
4.]	PROPOSAL: Proposed new	v zoning:			
	anation why new zoning is being				
5.]	Land Use Map Designation: (p	lease see corresponding lan	d use man e.g. Bigfork Land U	se Man. City-Co	ounty Master Plan M
]	Flathead County Growth Policy and use map				
6. A	TTACHMENTS: Please atta	ach all of the following doc	uments:		
	_ USGS topographic map (8	½" x 11" minimum) show	ing the surrounding area, with t	he following inf	Formation shown:
	property boundaries, access	roads, nearby creeks and st	reams, municipal boundaries, a	nd airports, as a	pplicable
	_ Vicinity map (8 ½" x 11" n	ninimum)			
	_ General site information:				
	General location		oundaries of existing tract		_Wildlife range
	Natural features		ures and public improvements		_Steep Slopes
	Existing Utilities		ents and rights of way		_ Wetlands
	Drainages/Swales	Water resource	es (rivers, streams, etc)		_ 100-year floodplain

Thank you for providing a complete meeting request, allowing us to offer you a more accurate review of your application.

Additional information may be requested at a later point.